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February 25, 2009

Dear Hospital Administrators:

Re: **NATIONAL QUALITY FORUM ENDORSES THE ADMINISTRATION OF HEPATITIS B VACCINE TO ALL NEWBORNS PRIOR TO DISCHARGE**

On October 27, 2008, the National Quality Forum (NQF) endorsed the administration of the hepatitis B vaccine birth dose to all newborns prior to hospital discharge as one of the national consensus standards for perinatal care (Attachment I). Consensus standards measure and improve quality of care by standardizing measurements in health care settings and encouraging accountability through public reporting. The NQF is a non-profit organization based in Washington, DC, that has diverse stakeholders across the public and private health sectors.

The Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics and the American Academy of Family Physicians all recommend that healthcare providers administer the hepatitis B vaccine birth dose to all medically stable newborns weighing at least 2,000 g (4.4 lbs) born to hepatitis B surface antigen (HBsAg) negative mothers, before hospital discharge. The birth dose may minimize the risk of hepatitis B virus infection due to errors in maternal HBsAg testing or reporting and from exposures of the infant to persons with chronic hepatitis B infection in the household. It is estimated that 30-40% of infants born to HBsAg positive mothers will become infected without prophylaxis.

Chronic hepatitis B virus infection occurs in approximately 90% of infants who become infected by perinatal transmission and as many as 25% will die prematurely from cirrhosis or liver cancer as adults. Although not a substitute for immunoprophylaxis to infants of HBsAg-positive mothers, routinely administering hepatitis B vaccine to infants at birth regardless of the mother's HBsAg status can serve as a safety net. Studies have demonstrated that administering hepatitis B vaccine without hepatitis B immune globulin (HBIG) beginning ≤ 12 hours after birth in a 3- or 4-dose schedule can prevent 70-95% of perinatal hepatitis B infections among infants born to HBsAg-positive mothers. (Attachment II)

In Los Angeles County only a few hospitals routinely administer the hepatitis B vaccine at birth. In 2006, the National Immunization Survey found that only 32.2% of infants in Los Angeles County received the birth dose, compared to the national average of 42.8%. All County birthing hospitals are encouraged to offer the hepatitis B birth dose.

The Los Angeles County Immunization Program's Perinatal Hepatitis B Prevention Program will assist hospitals in developing policies and procedures to implement the routine administration of hepatitis B vaccine to newborns before hospital discharge. The program also offers pamphlets for parents on hepatitis B, Vaccine Information Statements, California Immunization Record cards, and in-service trainings for hospitals.

Lastly, please remember that in California, group health insurers generally cover vaccinations for infants and children that are recommended by the ACIP; therefore, insurers should cover the administration of hepatitis B vaccine at birth. Hospitals also are encouraged to become Vaccines for Children (VFC) Program providers, to receive federally purchased hepatitis B vaccine without cost for children who are uninsured or covered by Medi-Cal. For more information on joining the VFC Program, please visit <http://www.dhs.ca.gov/ps/dcdc/izgroup/providers/vfc.htm> or call (877) 243-8832 and press 2.

If you would like to schedule an in-service training by our staff or have questions about any of the information in this letter, please contact Kim Moore, R.N., M.S.N., F.N.P., Perinatal Hepatitis B Prevention Coordinator, at (213) 351-7400.

Sincerely,



A. Nelson El Amin, M.D., M.P.H.
Medical Director, Immunization Program

ANE: KM: lg

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Attachment (s)

c: Melanie Barr, R.N., M.S.N., C.N.S
Nina Villanueva-Carpio, R.N., B.S.N., P.H.N
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Kim Moore, R.N., M.S.N., F.N.P
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THE NATIONAL QUALITY FORUM

FOR IMMEDIATE RELEASE
October 27, 2008

CONTACT: Stacy Fiedler, NQF
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NATIONAL QUALITY FORUM ENDORSES NATIONAL CONSENSUS STANDARDS FOR PERINATAL CARE

New NQF-endorsed measures can improve quality of care for mothers and babies

Washington DC - Recognizing the importance of quality healthcare for mothers and newborns the National Quality Forum endorsed 17 perinatal standards to measure and thereby improve care received by mothers and babies during the third trimester of pregnancy through hospital discharge. Consensus standards improve quality of care by standardizing measurement in care settings and encouraging accountability and public reporting.

NQF was guided in its endorsement of these perinatal care measures by nearly 300 comments from NQF members and the public.

Pregnancy, childbirth and care for newborns is the most common reason for hospital admission, and childbirth-related procedures account for the five most common procedures in patients aged 18-44. Poor quality care during the third trimester, labor and delivery, and during the post-partum period can translate into unnecessary complications, prolonged hospital stays, and costly intensive care admissions.

"Without appropriate information about hospital performance at a national level, perinatal quality improvement efforts have been unfocused and incentives for improvement limited," said NQF president and CEO Janet Corrigan. "There have been relatively few standardized measures in the field of perinatal care to assess and publicly report on the safety and quality of care. As evidenced by the record-breaking number of comments NQF received during the endorsement process, there was an enormous need for more standardized consensus standards in this area. A more complete set of NQF-endorsed™ perinatal performance measures will provide the necessary tools for a unified national approach to quality improvement for mothers and babies."

The newly NQF-endorsed measures are patient-focused and address care provided by individual clinicians such as nurses, doctors, and midwives, both in hospitals and in free-standing birth centers. The perinatal standards fill gaps in quality measurement and measure care at critical points for the mother and baby from the third trimester through hospital discharge and reflect aspects of care that can be substantially influenced by provider performance. Ultimately, through public reporting and accountability, the measures - birth trauma rate for the mother and baby, and relevant vaccinations for newborns - increase patient safety and decrease serious complications from childbirth.

Laura Riley, MD, medical director for labor and delivery at Massachusetts General Hospital, and Maureen Corry, MPH, executive director of Childbirth Connection, co-chaired NQF's steering committee on perinatal care.

"This is a huge step forward for the medical community and for women as we all strive to improve obstetrical and neonatal care," said Riley. "Meaningful improvements cannot be made until we have a common set of goals which encompass prenatal, intrapartum, postpartum, and early newborn care. Constant assessment of the care measures endorsed by NQF will allow us to address areas of weakness and reallocate resources where needed to provide babies with the best possible start to life."

In NQF's effort to endorse a set of measures for perinatal care that are relevant, feasible, usable, scientifically acceptable, and will drive toward higher performance, several previously endorsed perinatal measures were retired from endorsement.

"The new perinatal care measure set takes a big leap forward for maternity care quality improvement," said Corry. "With more than 4 million births per year in the United States, these measures will impact a large number of mothers and babies and provide consumers and purchasers with essential information to make informed decisions on maternity care quality and value."

In its ongoing work to improve quality in healthcare, NQF will continue to look at measures addressing vaginal birth after cesarean section (VBAC) to add to this set of measures.

How to Appeal

NQF is a voluntary consensus standards-setting organization. Any party may request reconsideration of the recommendations, in whole or in part, by notifying NQF in writing via e-mail no later than November 25 (appeals@qualityforum.org). For an appeal to be considered, the notification e-mail must include information clearly demonstrating that the appellant has interests that are directly and materially affected by the NQF-endorsed recommendations and that the NQF decision has had (or will have) an adverse effect on those interests.

Funding

This work was funded by the Hospital Corporation of America.

MEASURES ENDORSED BY NQF

Please visit our website at www.qualityforum.org to read the full specifications for all new NQF-endorsed voluntary consensus standards and read NQF's research recommendations.

Title	Measure Description	Level of Analysis	IP Owner
Elective Delivery Prior to 39 Completed Weeks Gestation	All singletons delivered at ≥ 37 completed weeks gestation that are electively delivered prior to 39 completed weeks gestation.	Facility	HCA - St. Marks Perinatal Center
Incidence of Episiotomy	Number of vaginal deliveries with episiotomy procedures performed.	Facility	Christiana Care Health Services/NPIC
Cesarean Rate for Low-Risk First Birth Women	Proportion of livebirths born at or beyond 37.0 weeks gestation to women having their first delivery, that are singleton (no twins or beyond) and vertex presentation (no breech or transverse positions) that had a cesarean birth.	Facility, group, integrated system, or community	California Maternal Quality Care Collaborative
Prophylactic Antibiotic in C-Section	All women undergoing cesarean delivery without evidence of prior infection or already receiving prophylactic antibiotics for other reasons who received prophylactic antibiotics within one hour prior to surgical incision or at the time of delivery.	Facility	Massachusetts General Hospital
Appropriate DVT Prophylaxis in Women Undergoing Cesarean Delivery	Women undergoing cesarean delivery who receive either fractionated or unfractionated heparin or pneumatic compression devices prior to surgery.	Facility	HCA - St. Marks Perinatal Center
Birth Trauma Rate measures (harmonized)	Number of infants with specific birth traumas.	Facility	AHRQ/NPIC
Hepatitis B Vaccine Administration to All Newborns Prior to Discharge	Number of live newborns discharged from the hospital who were administered hepatitis B vaccine prior to discharge.	Facility, clinician, group, or plan	CDC
Appropriate Use of Antenatal Steroids	Total number of mothers who delivered preterm infants (24-32 weeks with preterm premature rupture of membranes or 24-34 weeks with intact membranes) who received antenatal steroids at any time prior to delivery.	Facility	Providence St. Vincent's Hospital/CWISH
Infants Under 1500g Delivered at Appropriate Site	The number per 1,000 livebirths over 24 weeks' gestation weighing less than 1500g delivered at hospitals not appropriate for that size infant.	Facility, integrated system, or community	California Maternal Quality Care Collaborative
Nosocomial Blood Stream Infections in Neonates	Selected bacterial blood stream infections per 1000 qualifying neonates.	Facility	AHRQ
Birth Dose of Hepatitis B Vaccine and Hepatitis Immune Globulin for Newborns of Mothers with Chronic Hepatitis B	Percentage of neonates born to hepatitis B surface antigen-positive mothers who receive a birth dose of hepatitis B vaccine and hepatitis B immune globulin within 12 hours of birth.	Facility	Asian Liver Center at Stanford University

Title	Measure Description	Level of Analysis	IP Owner
Exclusive Breastfeeding at Hospital Discharge	Livebirths not discharged from the NICU who were fed by "breast only" since birth.	Facility, integrated system, or community	California Maternal Quality Care Collaborative
First Temperature Within One Hour of Admission to NICU	Proportion of infants with weights between 501-1500g whose first temperature was measured within one hour of admission to the NICU.	Facility	Vermont Oxford Network
First NICU Temperature < 36°C	Proportion of infants with weights between 501-1500g whose first temperature was taken within one hour of admission to NICU whose first temperature was < 36°C	Facility	Vermont Oxford Network
Retinopathy of Prematurity Screening	Number of infants born at 22 to 29 weeks gestation hospitalized at the postnatal age at which a retinal eye exam is recommended by the AAP who received a retinal exam for retinopathy of prematurity.	Facility	Vermont Oxford Network
Timely Surfactant Administration to Premature Neonates	Number of infants born at 22 to 29 weeks gestation who were treated with surfactant at any time who received the surfactant within 2 hours of birth.	Facility	Vermont Oxford Network
Neonatal Immunization	Neonates with a length of stay greater than 60 days who receive DTaP, Hepatitis B, IPV, Hib, and PCV vaccines according to current AAP guidelines.	Facility	Child Health Corporation of America

The mission of the National Quality Forum is to improve the quality of American healthcare by setting national priorities and goals for performance improvement, endorsing national consensus standards for measuring and publicly reporting on performance, and promoting the attainment of national goals through education and outreach programs. NQF, a non-profit organization (qualityforum.org) with diverse stakeholders across the public and private health sectors, was established in 1999 and is based in Washington, DC.

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